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CONFIRMATION NO. 5602

<b>SERIAL NUMBER</b> 10/711,603	<b>FILING OR 371(c) DATE</b> 09/28/2004 <b>RULE</b>	<b>CLASS</b> 324	<b>GROUP ART UNIT</b> 2859	<b>ATTORNEY DOCKET NO.</b> GEMS8081.218	
<b>APPLICANTS</b> Jason A. Polzin, Lake Mills, WI; <b>** CONTINUING DATA *****</b> NONE L.M.A. <b>** FOREIGN APPLICATIONS *****</b> NONE L.M.A. <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/27/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Polzin/Lake Mills L.M.A.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27061					
<b>TITLE</b> METHOD AND SYSTEM OF ENHANCED PHASE SUPPRESSION FOR PHASE-CONTRAST MR IMAGING					
<b>FILING FEE RECEIVED</b> 1094	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		